

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Oral and Maxillofacial Surgeons Political Action Committ-
ee**A.**

Full Name (Last, First, Middle Initial)

FRIENDS OF LOIS CAPPS

Mailing Address PO Box 23940

City
Santa BarbaraState
CAZip Code
93121Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 23

Transaction ID: SB23.18867

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	9

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

FRIENDS OF LOIS CAPPS

Mailing Address PO Box 23940

City
Santa BarbaraState
CAZip Code
93121Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 23

Transaction ID: SB23.18868

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	9

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

PASCRELL FOR CONGRESS

Mailing Address P.O. Box 640

City
TotowaState
NJZip Code
07511Purpose of Disbursement
Federal Campaign Contribution

Candidate Name

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 08

Transaction ID: SB23.18869

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	9

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

12500.00

TOTAL This Period (last page this line number only)